

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 7

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A Pages 1-B2, 1-B3,  
1-B4, 1-B5, 1-B6, 1-B7, 1-B8Attachment 4.19-B Pages 10-2, 10-3, 10-4, 10-4, 10-5,  
10-6

\*\* SEE REMARKS

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 10,437,963

b. FFY 2000-2001 \$ 20,875,926

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 3.1-A Pages 1-B2,  
1-B3, 1-B4, 1-B5, 1-B6, 1-B7, 1-B8Attachment 4.19-B Pages 10-2, 10-3, 10-4, 10-5  
10-6 10-7, 10-8, 10-9

10. SUBJECT OF AMENDMENT:

Medicaid Service Coordination for Target Group B

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

March 31, 2000

16. RETURN TO:

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

21. TYPED NAME:

Sue Kelly

23. REMARKS:

Attachment 4.19-B Pages 10-2 through 10-6 will replace the current Attachment 4.19-B

Pages 10-2 through 10-9 in the approved State Plan

**NEW YORK STATE  
CASE MANAGEMENT SERVICES**

**A. TARGET GROUP B**

Persons enrolled in Medical Assistance who:

- (1) Have a documented diagnosis of mental retardation or a developmental disability as defined in New York Mental Hygiene Law §1.03, and
- (2) Are in need of ongoing and comprehensive service coordination rather than incidental service coordination, and
- (3) Have chosen to receive the services, and
- (4) Do not reside in intermediate care facilities for the developmentally disabled; State operated Developmental Centers; Small Residential Unit (SRU); Nursing Facilities, or hospitals or any other medical assistance institutional settings that provide service coordination, and
- (5) Are not concurrently enrolled in any other comprehensive service coordination service funded under Medical Assistance.

**B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET**

Entire State

**C. DEFINITION OF MEDICAID SERVICE COORDINATION TO TARGET GROUP B**

Medicaid Service Coordination (MSC) for Target Group B is a service which assists persons with developmental disabilities in gaining access to necessary services and supports appropriate to the needs of the individual. MSC is provided by qualified service coordinators and uses a person-centered approach to planning, developing, maintaining, and monitoring an Individualized Service Plan (ISP) with and for a person with developmental disabilities. MSC promotes the concepts of choice, individualized services and supports and consumer satisfaction.

TN 00-07 Approval Date JAN 10 2001  
Supersedes TN 89-16 Effective Date MAR 01 2000

**D. Medicaid Service Coordination Functions**

General Service Description

Medicaid Service Coordination helps a person access necessary supports and services including medical, social, educational, psychosocial, employment, habilitation, rehabilitation, financial, residential and legal services available and in accordance with the person's valued outcomes as expressed in the Individualized Service Plan (ISP).

Medicaid Service coordination functions are:

- Enrollment ("intake")
- Development of the Individualized Service Plan (ISP)
- Implementation of the ISP
- Maintenance of the ISP

Enrollment

The service coordinator assesses eligibility for MSC based on the criteria specified in A above. The service coordinator completes necessary enrollment documents.

Development of the Individualized Service Plan (ISP)

The Individualized Service Plan (ISP) is developed using a person-centered approach. The service coordinator helps the person plan by choosing personal valued outcomes, and developing a personal network of activities, supports and services. The plan identifies those supports and services chosen by the consumer with the service coordinator's assistance, as well as the entities that will supply them. The resulting planning information is written in the appropriate ISP format.

ISP development also includes the execution of a Service Coordination Agreement. This agreement, between the person served and the service coordinator, describes the service coordination activities the person wants and needs to meet his or her individualized goals as described in the ISP.

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Implementation of the Individualized Service Plan (ISP)

Using the ISP as a blueprint, the service coordinator works with the person to achieve his or her valued outcomes. Chosen activities, supports, and the full array of services are accessed as identified in the plan. The service coordinator uses knowledge of the community and available resources and employs specialized skills to successfully implement the ISP. The service coordinator:

- Locates or creates natural supports and community resources.
- Locates funded services, helps determine eligibility, completes referrals, facilitates visits and interviews.
- Helps arrange for transportation to the community activities and services as necessary.
- Assists in communicating the content of the ISP, including valued outcomes, to service providers and assists providers in designing and implementing services consistent with the ISP.

Maintenance of the ISP

This is the ongoing service provided by the service coordinator. It includes:

- Assessing the person's satisfaction with his or her ISP, including the Service Coordination Agreement, and making adjustments as necessary.
- Supporting the person towards achievement of valued outcomes.
- Establishing and maintaining an effective communication network with service providers.
- Keeping up to date with changes, choices, temporary setbacks and accomplishments relating to the ISP
- Managing through difficulties or problems or crises as they occur.
- Assisting the consumer in assuring that rights, protections and health and safety needs are met pursuant to state law and regulations.
- Keeping the ISP document, including the Service Coordination Agreement, current by adapting it to change.
- Reviewing the ISP at least semi-annually.

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Systemic Features and Functions

OMRDD centrally and through its local DDSOs will:

- Ensure access to the service for all eligible people.
- Assist people served in choosing a service coordination provider by making the full range of provider options known to the person and his/her family.
- Match individual needs of people with special provider capabilities and characteristics.
- Ensure uniformity in service coordinator and service coordinator supervisor basic training.
- Provide standardized curricula for service coordinators' ongoing training.
- Organize and schedule training and carry out training.
- Carry out functions necessary to ensure quality of service and proper management of the program.
- Monitor Service Coordination Agreements between the service coordinator and the person served to ensure service coordinator fulfillment of commitments according to the agreed upon time frame.
- Make referrals to other service coordination providers when a person is dissatisfied with the current service provider.
- Monitor complaints of persons served and their families to detect patterns of poor service quality.
- Require provider corrective action as necessary.
- Oversee provider terminations and necessary referrals to other service coordination providers as necessary.

**E. LIMITATIONS ON THE PROVISION OF MEDICAID SERVICE COORDINATION**

Medicaid service coordination will not:

1. Be utilized to restrict the choice of a service coordination consumer to obtain medical care or services from any provider participating in the Medical Assistance Program who is qualified to provide such care or services and who undertakes to provide such care or service(s), including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis.
2. Duplicate case management services currently provided under the Medical Assistance Program or under any other program.

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3. Be utilized by providers of service coordination to create a demand for unnecessary services or programs particularly those services or programs within their scope of authority and
4. Be provided to persons receiving institutional care reimbursed under the Medical Assistance Program, except that Medicaid service coordination may be provided for up to 30 days to persons who are temporarily institutionalized, when the admission to the institution is initially expected to be 30 days or less.

While the activities of Medicaid Service Coordination secure access to an individual's needed service, the activities of service coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. EPSDT administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, SNF's, and ICFs/MR and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

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**F. QUALIFICATIONS**

1. Providers

Pursuant to §1915 (g)(1) of the Social Security Act, Medicaid service coordination will be provided by New York State OMRDD through a network of OMRDD employees and contractors.

2. Service Coordinators

Service coordinators must:

(a) either;

(1) have experience providing OMRDD Comprehensive Medicaid Case Management (CMCM) or OMRDD Home and Community Based (HCBS) Waiver Service coordination or

(2) (i) be a registered nurse or have at least an associate's degree (or equivalent accredited college credit hours) in a health or human services field, and

(ii) have at least one year's experience working with persons with developmental disabilities or at least one year's experience providing service coordination to any population, and

(b) attend professional development courses required by OMRDD.

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**G. METHOD OF REIMBURSEMENT**

The method of reimbursement shall be a monthly fee established by OMRDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget.

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Supersedes TN 89-16 Effective Date MAR 01 2000



Type of Service

Case Management Services  
Target Group B:

Persons enrolled in Medical Assistance who:

- (1) Have a documented diagnosis of mental retardation or a developmental disability as defined in New York Mental Hygiene Law §1.03, and
- (2) Are in need of ongoing comprehensive service coordination rather than incidental service coordination, and
- (3) Have chosen to receive the services, and
- (4) Do not reside in intermediate care facilities for the developmentally disabled; State operated developmental centers; small residential unit (SRU); nursing facilities, or hospitals or any other medical assistance institutional settings that provide service coordination, and
- (5) Are not concurrently enrolled in any other comprehensive service coordination service funded under Medical Assistance.

**METHOD OF REIMBURSEMENT**

The method of reimbursement shall be a monthly fee established by OMRDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget.

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New York

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**TYPE OF SERVICE**

Case Management Services  
Target Group D:

Medicaid eligible individuals who are served by the New York State Office of Mental Health's Intensive Case Management Region and who

- (i) are seriously and persistently mentally ill and
- (ii) require intensive, personal and proactive intervention to help them obtain service, which will permit or enhance functioning in the community and
- (iii) either have symptomatology which is difficult to treat in the existing mental health care system or are unwilling or unable to adapt to the existing mental health care system.

**METHOD OF REIMBURSEMENT**

For payment to Intensive Case Management providers in New York State a prospective cost based monthly rate shall be established for each provider. Providers may bill for the monthly rate only if the Medicaid eligible adult ICM client has been seen by the case manager a minimum of four times during the month. For Medicaid eligible seriously emotionally disturbed children in the ICM program, providers may bill for the monthly rate only if the case manager achieves a minimum of three face-to-face contacts with the client and the fourth face-to-face contact may be with either the client or a collateral, as defined in 14 NYCRR Part 587.4(a)(3).

Rates of payment shall be effective for the annual period ending June 30, for providers in New York City and for the annual period ending December 31, for the remainder of the State. Rates of payment for programs operated by state psychiatric centers shall be effective for the annual period ending March 31.

1. Monthly payments to individual ICM providers is at regional fees approved by the Department of Social Services.

2. The National Institute of Mental Health has approved a grant to the NYS Office of Mental Health to evaluate the effects, if any, of the method of reimbursement on the activities of case managers and the implications, if any, on client interactions and outcomes. The experimental reimbursement methodology provides fee-for-service reimbursement for individual and group face-to-face contacts between Intensive Case Manager and enrolled client as an alternative to the monthly payments paid to other ICM providers. This reimbursement methodology will be in place for the Visiting Nurse Service only for the period January 1, 1992 through December 31, 1992.

00-07  
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**TYPE OF SERVICE**

Case Management Services

Target Group: F

**METHOD OF REIMBURSEMENT**

The targeted group consists of the categorically needy or medically needy who meet one or more of the following criteria.

Provider-specific rates are replaced with a regional rate structure.

Certain individuals residing in areas of New York State designated as underserved and economically distressed through the State's Neighborhood Based Alliance (NBA) Initiative. Under Chapter 657 of the Laws of 1990, the NBA is targeting state money, resources and services to designated areas in order to alleviate the pervasive and detrimental effects of poverty, lack of access to services and lack of services.

The rate structure is based upon the identification of direct service components and incorporates a percentage allowance for indirect costs, based upon historical data.

Case management targeted individuals are those residents of the NBA areas who are experiencing chronic or significant individual or family dysfunction's which might be ameliorated through effective case management referral and monitoring of service provision. Such dysfunction's are assessed as chronic or significant by the case manager in accordance with an assessment tool approved by the Office of Children and Families. The assessment will determine chronic or significant dysfunction on the following categories or characteristics:

The following are the direct service components of the rate:

- (i) school dropout
- (ii) low academic achievement
- (iii) Poor school attendance
- (iv) Foster care placement
- (v) Physical and/or mental abuse or neglect
- (vi) Alcohol and/or substance abuse
- (vii) Unemployment/underemployment
- (viii) Inadequate housing or homelessness
- (ix) family court system involvement
- (x) criminal justice system involvement
- (xi) poor health care
- (xii) family violence or sexual abuse

Personal Services: Case Manager salary.

Fringe Benefit: Rates were established at the average fringe rate for New York City, Greater Metropolitan and Upstate New York.

Other cost percentage will constitute a percentage of allowable costs other than case manager salary and fringe benefits such as equipment, rentals, utilities, etc.

The Rate Calculation Formula:

Direct costs/% Direct cost (%)

Billable Hours/4=Quarter Hour Rate.

Billable hours are defined as the total of all case managers time attributable to direct client service in the various components of case management e.g.

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#### **METHOD OF REIMBURSEMENT**

Intake/screening, assessment,  
reassessment, monitoring, follow-up  
of crisis intervention.

Regionally calculated percentages  
have been determined for New York  
City, Greater Metropolitan New  
York and Upstate New York.

#### **Trend Factor:**

The rate will be adjusted by  
application of a trend factor  
approved by the Division of the  
Budget.

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New York

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**TYPE OF SERVICE:**

Case Management Services  
Target Group G:

Medicaid eligible clients who are served by the New York State Department of Health's Early Intervention Program and who:

1. are infants and toddlers from birth through two years who have a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay;
2. have been referred to the municipal early intervention agency;  
and
3. are in need of ongoing and comprehensive rather than incidental case management services.

**METHOD OF REIMBURSEMENT**

Reimbursement for necessary case management services provided to the client and to the family in support of the primary client under the New York State Early Intervention Program shall be at hourly rates established by the New York State Department of Health and approved by the Director of the Budget. Providers will be allowed to bill in quarter hour units.

Rates for case management will be set prospectively and will cover labor, administrative overhead, general operating and capital costs. The rates are also adjusted to reflect regional differences in costs. The regional classification system used to reflect differences in costs is described in 86-2.10(c)(5) of Attachment 4.19-A of the State Plan.

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